

**McLaren Greater Lansing Foundation**  
**2021 EVENT SPONSORSHIP REGISTRATION FORM**

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Online registration is also available, please visit [mclaren.org/lansingfdnevents](http://mclaren.org/lansingfdnevents) to register!  
For additional questions, or to register by phone, please call (517) 975-7118.

**SPONSOR INFORMATION**

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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**Please print your name(s)/company/organization name above as you wish it/them to appear in acknowledgment of your support.**

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I/we agree to make the following sponsorship commitment to support these McLaren Greater Lansing Foundation events:

**Jack Breslin Golf Classic** (May 26, 2021; *deadline for registration is May 12, 2021; deadline for payment is May 19, 2021*)

Sponsorship type: \_\_\_\_\_ Sponsorship Amount: \$ \_\_\_\_\_

**McLaren Loves Lansing** (August 27, 2021; *deadline for registration is August 13, 2021; deadline for payment is August 20, 2021*)

Sponsorship type: \_\_\_\_\_ Sponsorship Amount: \$ \_\_\_\_\_

**Cocktails for a Cause** (October 14, 2021; *deadline for registration is October 1, 2021; deadline for payment is October 7, 2021*)

Sponsorship type: \_\_\_\_\_ Sponsorship Amount: \$ \_\_\_\_\_

**Hospital Grand Opening** (January 29, 2022; *deadline for registration is January 14, 2022; deadline for payment is January 22, 2022*)

Sponsorship type: \_\_\_\_\_ Sponsorship Amount: \$ \_\_\_\_\_

I/We will be unable to sponsor this year but wish to contribute \$ \_\_\_\_\_ in support of McLaren Greater Lansing.

\$ \_\_\_\_\_ **Total amount of my/our sponsorship(s) and/or donation.**

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**PAYMENT INFORMATION**

Please bill me/us. By signing below I have authorized McLaren Greater Lansing Foundation to invoice me/my company for the above sponsorship(s).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check enclosed (payable to **McLaren Greater Lansing Foundation**, 401 West Greenlawn Avenue, Lansing, MI 48910)

Visa    Mastercard    American Express    Discover

Card # \_\_\_\_\_ CVV \_\_\_\_\_ Exp \_\_\_\_\_

Card Member Name \_\_\_\_\_

Card Member Signature \_\_\_\_\_